HIV AND AIDS IN RUSSIA:

THE STIGMA AND DISCRIMINATION FACED BY INFECTED PEOPLE

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Introduction

Although there is no one agreed upon definition of stigma, a simple one provided by the Merriam-Webster dictionary defines it as “a set of negative and often unfair beliefs that a society or group of people have about something” (Stigma, Merriam-Webster 2013). In terms of health, stigma is associated with many types of conditions, illnesses, and diseases. Undoubtedly one of the areas where it is most widespread is in its link to HIV and AIDS. This is due largely to the fact that HIV/AIDS is such a prevalent disease in all areas of the world, that it allows the stigma to be present on a global scale. In addition, being HIV positive is oftentimes perceived as a result of an individual’s intentional immoral behaviors, such as unsafe and promiscuous sexual activity, drug use, and the like, making this issue even more taboo and less acceptable in society.

In Russia, unlike in the rest of the world, the HIV/AIDS epidemic has skyrocketed over the last decade. One study shows that since 2001 prevalence of HIV in Russia, Eastern Europe, and Central Asia has increased by 250 percent, “making the region home to the world’s most rapidly expanding epidemic” (Avert 2013). This paper analyzes the current HIV/AIDS situation in Russia, briefly examining the history and background of its spread in the country, and assesses the government’s response to this growing problem and the stigma that comes with it.

Background

HIV began spreading in Russia and the Eurasian region in the early 1990s, much later than in other countries. At this time, it has been a few years since the Soviet Union fell apart, so borders were opening up and people were ready to see what the outside world had to offer. The state was not only losing its grip on controlling people’s behaviors, but it also failed to provide
social safety nets in the transition from communism. This resulted in overwhelming economic difficulties for the Russian people, many of whom, especially in the younger population, were unemployed, impoverished, and eager to try the new and easily available things from the West – music, fashion, and drugs. (Gilderman 2013)

Originally, the HIV/AIDS epidemic in Russia began from heroin use due to the heavy heroin trafficking operations ongoing in the early ‘90s. The newfound freedom for the people, combined with ease of access to the drug and the lack of any education about its dangers (i.e. sharing of needles) all contributed to soaring rates of heroin addiction in the country. Over the next two decades, HIV spread rapidly mostly through intravenous heroin use: in 1995 there were 1,000 cases of HIV in Russia; by 2002 the estimates were around 250,000; and today experts believe there are over 1 million HIV positive people in Russia (Gilderman 2013). In addition, HIV is now spreading most quickly among the sexual partners of people who became infected in the 1990s and since then – a huge demographic of the Russian population (CSIS 2013).

**Current Situation**

Today Russia thinks of itself as one of the world’s biggest players, in the ranks of those like the United States and China. However, when it comes to HIV/AIDS statistics, it is lagging way behind the developed world and is actually on par with some of the poorest countries in Africa (Lally 2013). A 2011 report by the United Nations stated that “the Russian Federation and Ukraine account for almost 90% of the Eastern Europe and Central Asia region's epidemic” (Zigfeld 2013). As for future estimates, a study by the World Bank calculates that by the year 2020 more than 20,000 people in Russia will die from AIDS every month (CSIS 2013).

The problem with such a dire situation is in large part due to the fact that the Russian government has absolutely no strategy for fighting AIDS – something they themselves have
admitted. In the words of Vadim Pokrovsky, director of the Russian Federal Agency against AIDS: “We are fighting not against the epidemic itself, but against its consequences... In the absence of prevention (measures) we should expect an increase in the number of new cases” (AFP 2013). Also, the stigma that comes with having HIV/AIDS places infected individuals in the least socially accepted demographics: heroin users, sex workers, homosexuals, and prisoners. Unfortunately, many in the Russian government and the general population view these groups as undesirable and do not think they are necessarily “worth saving” (Gilderman 2013).

**Stigma and Discrimination**

The fact that these populations are so highly stigmatized plays a huge burden not only on their individual wellbeing, but also on the country’s progress in the fight against the epidemic. Because of misinformation and lack of education and awareness of this disease, society, more often than not, shuns away from infected people and ignores the bigger problem. Worse than being ignored is the discrimination that victims experience not just from the public but also from coworkers, family and friends, and even healthcare professionals. Anya Sarang, president of a Russian nongovernmental organization dedicate to helping HIV/AIDS patients states that most people are so stigmatized that they are afraid even to go to the hospital (Lally 2013).

An elaborate study conducted by Human Rights Watch in St. Petersburg and Moscow reconfirms the fear of those living with the disease. One participant in the study, for example, mentioned that HIV/AIDS victims are “so frightened of the consequences of other people knowing their HIV status that they do not even tell their families” and that hiding their status from parents or spouses is a rule. Unsurprisingly, same goes for telling coworkers, the result of which would almost guarantee being fired from the job at best, or facing a civil law suit by the employer for “spreading the disease at a workplace” at worst. (Human Rights Watch 2005)
Even at local clinics and hospitals patients with HIV and AIDS get mistreated, discriminated against, and even denied services. A 2003 study showed that 30% of HIV infected patients were refused treatment by medical professionals in the areas of dentistry, gynecology, and other primary care because of their HIV status. Even though this is illegal, doctors tend to make up convenient reasons for rejecting patients, such as claiming that certain procedures and operations are just optional. Those clinics that do accept treating an HIV-infected patient, which usually depends on a case-by-case basis and whether or not the doctor “feels like it”, oftentimes fail at adequate care and at patient confidentiality – freely disclosing the HIV status of patients to anyone who asks. If the patient happens to be pregnant, the usual recommendation of doctors at such hospitals is for the women to have an abortion. (Human Rights Watch 2005)

Such stigma does not just end with the mothers. Perhaps the most ill-fated of the victims in this situation are the children of infected people, especially those who are unlucky to get infected themselves. They start facing HIV/AIDS stigma the day they are born, and in a country like Russia they have no protection or rights from the government whatsoever. Even doctors, once again, fail to help. For instance, doctors avoid making house calls to visit newborns (a routine practice in Russia) born to parents with HIV/AIDS even if the children do not have the disease. Those doctors who do make the visits most of the time just criticize the parents for having HIV/AIDS, and advise them ridiculous solutions, such as not kissing the baby, showing just how ignorant they are about the spread of disease. (Human Rights Watch 2005)

Even worse off are the 10-20% of babies who get abandoned by their HIV-infected mothers right after birth usually because the mothers are drug users and are not able to care for their babies. These children typically end up at “baby houses” for HIV-infected kids or at an orphanage if they do not have the virus. Even if these babies have a relative in the family who is
able to provide them with adequate care, they are denied adoption if this relative is HIV-positive. For example, one woman who has two healthy children herself, had been working for years to try and adopt her 10-year old brother from an orphanage after their mother died, but the state rejects her applications due to her health status (Menand 2009).

**Conclusion**

Hundreds of thousands suffer such an unfortunate fate in Russia, and the number of people with HIV and AIDS is growing every day with 140-150 new cases reported daily (Menand 2009). The government is not doing much about it, so future prospects look grim. There is a strong consensus in the international community that the country needs to turn things around quickly if they want to prevent the spread of HIV to wider segments of the population. The director of UNAIDS, New York, Bertil Lindblad, stresses the urgency for the region to act quickly, but he knows the gravity of the situation: “…this is really quite scary given the fact that there is denial, and so much stigma and homophobia [in that region]” (Dickinson 2010).

Stigma associated with HIV and AIDS in Russia is truly the first and biggest hurdle that the country must overcome if they have any hope in fighting the disease. A study done in 2006 shed some light on the discriminating attitudes associated with “misperceptions regarding transmission and frequent over-estimation of risks from casual contact”. The population at large was unforgiving to HIV-positive people (Balabanova et al. 2006). It is exactly such attitudes and perceptions that must be changed by spreading awareness and accurate information about HIV and AIDS in Russia in order to combat first the stigma, and then the disease. This is not impossible, but it is in the hands of the Russian government to implement and follow effective public policy on HIV/AIDS and to end the stigma in order to progress and move forward in making a difference in people’s lives.
References


